Effective October 1, 2000												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
ТО	TAL CLAIMS		19		1001011111 27		. l	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FI		OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 9 minus 20=		· A			X\$ 9=		OR	Y242	
INDEPENDENT CLAIMS			minus 3 =					X40=		1	X80=	
		DENT CLAIM PR			# [A40=		OR		
* If the difference in column 1 is less than zero, enter "0" in colu						olump 2		+135=		OR		21165
									- [OR	TOTAL	7/0
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR	OTHER SMALL E	EI .
AMENDMENT A	7	CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DWE	Total	· 17	Minus	• 6	0	=\		X\$ 9=		OR	X\$18=	
MER	Independent	· 3	Minus	🤆	3	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+195=			+270=	
TOTAL										OR	- FOYAL	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=	8	OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM			+135=		OR	+270=	
								TOTA	-	1	TOTAL	
		(Column 1)		/Colu	mn 2)	(Column 3		ADDIT. FE	E L		ADDIT. FEE	
AMENDMENT C	•	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	:	HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	4	X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1125		1	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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Application or Docket Number